

**APPENDIX B**  
**VEHICLE ENROLLMENT FORM**

Use this form to enroll new vehicles within your agency that have not previously been issued a Fuel-Net™ card. Please use a separate form for each account.

Billing Agency: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Budget Code: \_\_\_\_\_

**Vehicle List**

Year	Make	Model	VIN # (must be 17 Digits)	Tag #	Fuel Type (select one)	Fuel Tank Capacity in Gallons
					-Gasoline -Diesel -Bi-Fueled (CNG/Gasoline) -Dedicated CNG -Flex-Fueled (Ethanol/Gasoline)	

NOTE: Please type or print clearly. Please fill in ALL SPACES. Tag number will show on the actual card and report.

SEND NEW CARD TO THE ATTENTION OF: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AUTHORIZATION: \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Fax No.

\_\_\_\_\_  
Signature of Fleet Manager

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Date

Send Completed Form to: **Commercial Fuel Systems, Inc**  
**P.O. Box 71, Mt. Airy, MD 21771**  
**Telephone No. (301) 829-0875 Fax No. (301) 829-1916**